Remarks

Applicant has amended the specification to better describe the invention. Literal support for terms in the claims has been added in the description. Care has been taken to ensure that no new matter has been introduced. Applicant has amended the claims to reduce the number of claims and to better claim the subject matter.

In the Specification

Support for the amendments to the specification can be found in the application as filed or can be reasonably inferred from the application as filed.

In the Claims

New claims 33 to 50 are being asserted. Support for new claims 33-46 can be found in the claims as filed. Support for the new methods claims (claims 47-50) can be found in the following paragraph and in the claims as filed:

[0056] The therapeutic application of the spinal and upper cervical impulse treatment device is described as a flow chart of operations in FIG. 9. A patient examination and consultation takes place at step 120. At step 122 pre-treatment x-rays are taken as well as static measurements of pelvic/shoulder unlevelling and leg length discrepancy, using calipers on the body. Data points of interest are marked on the graphics tablet, such as cervical tilt, head tilt and atlas position, relative to the skull and cervical spine. At step 124, digitized data points are transferred from the graphics tablet to a computer. X-ray analysis is conducted in three dimensions using custom spinal and upper cervical impulse treatment software. At step 126, data parameters for device operation are derived from the spinal and upper cervical impulse treatment software and data archives, including: (a)--linear impulse frequency and duration, (b)--linear impulse angle, (c)--linear impulse force, and (d)--rotational angle. Data parameters are transferred to the spinal and upper cervical impulse treatment software, manually via touch-screen, or automatically via a serial data communications link at step 128. At step 130, impulse parameters are validated in the spinal, and upper cervical impulse treatment software, including maximum impulse force, frequency and duration. Settings are displayed on the touchscreen 26. At step 132, whether the measured linear

impulse angular direction is in close agreement with the preset treatment angular direction is tested. The allowed difference is preset. If correct alignment is not achieved, then the system goes to step 134. If alignment is acceptable, then the system goes to step 136. At step 134, the angle of the stylus linear axis is adjusted to try to achieve correct alignment. The system then returns to step 132. At step 136, once angular alignment is achieved, the angle of the linear axis of the stylus is fixed or locked and the location of the stylus end is locked. The spinal and upper cervical impulse treatment transducer is then allowed to start operation. If angular alignment is lost, operation will cease. The calculations in steps 232 and 134 are ongoing during treatment. At step 138, post spinal and upper cervical impulse treatment includes measurement of the impact of treatment on pelvic/shoulder unlevelling and leg length discrepancy, using body calipers. At step 140, following review and recommendations, the patient's next appointment is scheduled as needed. At step 142, post-treatment, x-ray analysis is conducted after 5 weeks, to determine progress and the efficacy of the treatment.

Conclusion

Applicant respectfully requests that the amended claims be allowed.

Respectfully submitted:

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